

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) ▼

1101 Pennsylvania Avenue SW

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00383976

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Diaz

Signature of Treasurer

Michael Diaz

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">39680.55</td></tr></table>	39680.55				
Y	Y	Y	Y	Y													
2015																	
39680.55																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">147607.40</td></tr></table>	147607.40															
147607.40																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">10166.56</td></tr></table>	10166.56					<table><tr><td colspan="5">180349.88</td></tr></table>	180349.88									
10166.56																	
180349.88																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">157773.96</td></tr></table>	157773.96					<table><tr><td colspan="5">220030.43</td></tr></table>	220030.43									
157773.96																	
220030.43																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">38135.88</td></tr></table>	38135.88					<table><tr><td colspan="5">100392.35</td></tr></table>	100392.35									
38135.88																	
100392.35																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">119638.08</td></tr></table>	119638.08					<table><tr><td colspan="5">119638.08</td></tr></table>	119638.08									
119638.08																	
119638.08																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8799.90	178483.22
(ii) Unitemized	366.66	866.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	9166.56	179349.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9166.56	179349.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10166.56	180349.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10166.56	180349.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10635.88	22392.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10635.88	22392.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	78000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38135.88	100392.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38135.88	100392.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9166.56	179349.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9166.56	179349.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	10635.88	22392.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	10635.88	22392.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Miriam Atkins

Mailing Address 3696 Wheeler Road

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 05 2015

Transaction ID : SA11AI.6351

Amount of Each Receipt this Period

600.00

PayPal

Full Name (Last, First, Middle Initial)

B. Miriam Atkins

Mailing Address 3696 Wheeler Road

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 17 2015

Transaction ID : SA11AI.6352

Amount of Each Receipt this Period

200.00

PayPal

Full Name (Last, First, Middle Initial)

C. Miriam Atkins

Mailing Address 3696 Wheeler Road

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 08 2015

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period

200.00

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Miriam Atkins

Mailing Address 3696 Wheeler Road

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.6358

Amount of Each Receipt this Period

200.00

PayPal

Full Name (Last, First, Middle Initial)

B. Miriam Atkins

Mailing Address 3696 Wheeler Road

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2015

Transaction ID : SA11AI.6359

Amount of Each Receipt this Period

200.00

PayPal

Full Name (Last, First, Middle Initial)

C. Miriam Atkins

Mailing Address 3696 Wheeler Road

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2015

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period

200.00

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Miriam Atkins

Mailing Address 3696 Wheeler Road

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 29 2015

Transaction ID : SA11AI.6361

Amount of Each Receipt this Period

200.00

PayPal

Full Name (Last, First, Middle Initial)

B. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y
 08 05 2015

Transaction ID : SA11AI.6336

Amount of Each Receipt this Period

1249.98

Full Name (Last, First, Middle Initial)

C. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y
 09 17 2015

Transaction ID : SA11AI.6354

Amount of Each Receipt this Period

416.66

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1866.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period

416.66

PayPal

Full Name (Last, First, Middle Initial)

B. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

11 / 01 / 2015

Transaction ID : SA11AI.6363

Amount of Each Receipt this Period

416.66

PayPal

Full Name (Last, First, Middle Initial)

C. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

12 / 01 / 2015

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period

416.66

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1249.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Bruce Burns

Mailing Address 1062 Forsyth Street

City State Zip Code
Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 05 / 2015

Transaction ID : SA11AI.6337

Amount of Each Receipt this Period

1249.98

PayPal

Full Name (Last, First, Middle Initial)

B. Bruce Burns

Mailing Address 1062 Forsyth Street

City State Zip Code
Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.6355

Amount of Each Receipt this Period

416.66

PayPal

Full Name (Last, First, Middle Initial)

C. Bruce Burns

Mailing Address 1062 Forsyth Street

City State Zip Code
Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.6365

Amount of Each Receipt this Period

416.66

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2083.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Bruce Burns

Mailing Address 1062 Forsyth Street

City State Zip Code
 Macon GA 31201

FEC ID number of contributing federal political committee.

C

Name of Employer
 self

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 01 2015

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period

416.66

PayPal

Full Name (Last, First, Middle Initial)

B. Bruce Burns

Mailing Address 1062 Forsyth Street

City State Zip Code
 Macon GA 31201

FEC ID number of contributing federal political committee.

C

Name of Employer
 self

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 01 2015

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period

416.66

PayPal

Full Name (Last, First, Middle Initial)

C. Nicolas Ferreyros

Mailing Address 95 Worth Street
 Apt 9C

City State Zip Code
 New York NY 10013

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Oncology Alliance

Occupation

Director, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 11 2015

Transaction ID : SA11AI.6372

Amount of Each Receipt this Period

500.00

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Kathy Oubre

Mailing Address 120 Lakeview Circle

City State Zip Code
Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pontchartrain Hematology Oncol

Occupation

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2015

Transaction ID : SA11AI.6375

Amount of Each Receipt this Period

83.33

PayPal

Full Name (Last, First, Middle Initial)

B. Kathy Oubre

Mailing Address 120 Lakeview Circle

City State Zip Code
Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pontchartrain Hematology Oncol

Occupation

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.6376

Amount of Each Receipt this Period

83.33

PayPal

Full Name (Last, First, Middle Initial)

C. Mark Santos

Mailing Address 112 Windcrest Court

City State Zip Code
Jersey Village TX 77064

FEC ID number of contributing
federal political committee.

C

Name of Employer

ION GOP

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : SA11AI.6353

Amount of Each Receipt this Period

500.00

PayPal

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.66

8799.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City State Zip Code
HOPKINSVILLE KY 42241

FEC ID number of contributing
federal political committee.

C C00289983

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2015

Transaction ID : SA16.6449

Amount of Each Receipt this Period

1000.00

Refund of Contribution - Candidate Not Running

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

A. COMMUNITY ONCOLOGY ALLIANCE PAC

Date of Disbursement

Transaction ID : SB21B.6448

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

10000.00

B. PayPal

Date of Disbursement

08 / 05 / 2015

Transaction ID : SB21B.6423

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	~30%
65-74	107.38
75-84	~10%
85+	~5%

C. PayPal

Date of Disbursement

09 / 17 / 2015

Transaction ID : SB21B.6429

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

30.86

10138.24

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '08', and the third shows '2015'. The displays are separated by slashes.

Category/
Type

State: District:

M M / D D / Y Y Y Y
11 04 2015

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Age Group	Number of people
13-17	10
18-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85-94	90

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC



39.95

Category/
Type

State: District:

07 / 10 / 2015

Category/
Type

State: District:

39.95

Category/
Type

State: District:

89.90

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Country	Vaccination Rate (%)
United States	39.95
Israel	38.70
South Korea	36.70

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

20.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Response	Percentage
Yes	79.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D02' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

39.95

State: District:

Three digital displays showing the date 10/13/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '13' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

State: District:

39.95

State: District:

Age Group	Percentage
18-24	10.00
25-34	10.00
35-44	10.00
45-54	10.00
55-64	10.00
65-74	10.00
75-84	10.00
85+	99.90

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

Category/
Type

State: District:

M M / D D / Y Y Y Y
12 02 2015

39.95

Category/
Type

State: District:

55.00

Category/
Type

State: District:

Age Group	Percentage
18-24	114.95
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	100.00
85+	100.00

10635.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement

011

Candidate Name

BILIRAKIS FOR CONGRESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SB23.6392

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City	State	Zip Code
BATON ROUGE	LA	70898

Purpose of Disbursement

011

Candidate Name

BILL CASSIDY FOR US SENATE

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SB23.6378

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City	State	Zip Code
CHATTANOOGA	TN	37401

Purpose of Disbursement

011

Candidate Name

CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SB23.6387

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City	State	Zip Code
CLARENCE	NY	14031

Purpose of Disbursement

011

Candidate Name

CHRISTOPHER C COLLINSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SB23.6453

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

Purpose of Disbursement

011

Candidate Name

DEVIN G NUNESCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SB23.6469

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RENEE JACISIN ELLMERS

Mailing Address 122 KINGSWAY DR

City	State	Zip Code
DUNN	NC	28334

Purpose of Disbursement

011

Candidate Name

RENEE JACISIN ELLMERSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SB23.6407

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement

011

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SB23.6379

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STEVE J. ISRAELMailing Address STEVE ISRAEL FOR CONGRESS COMMITTEE
P.O. BOX 1400

City	State	Zip Code
MELVILLE	NY	11747

Purpose of Disbursement

011

Candidate Name

STEVE J. ISRAEL

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

Transaction ID : SB23.6409

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ISRAEL HUFFMAN VICTORY FUNDMailing Address 700 13TH STREET, NW
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement

Category/
Type

Candidate Name

STEVE J. ISRAEL

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2015

Transaction ID : SB23.6460

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389

Purpose of Disbursement

011

Candidate Name

KEVIN MCCARTHY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SB23.6401

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS

Mailing Address 32 EAST 25TH

City	State	Zip Code
SPOKANE	WA	99203

Purpose of Disbursement

011

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SB23.6380

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS

Mailing Address 32 EAST 25TH

City	State	Zip Code
SPOKANE	WA	99203

Purpose of Disbursement

011

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Transaction ID : SB23.6381

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Mailing Address 50 S PROVIDENCE ROAD

City	State	Zip Code
MEDIA	PA	19063

Transaction ID : SB23.6405

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

PAT MEEHAN FOR CONGRESSCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Full Name (Last, First, Middle Initial)

B. MICHAEL R POMPEO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Mailing Address 1310 PERTH COURT

City	State	Zip Code
WICHITA	KS	67208

Transaction ID : SB23.6406

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

MICHAEL R POMPEOCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Mailing Address PO BOX 24551

City	State	Zip Code
PTTSBURGH	PA	15234

Transaction ID : SB23.6465

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

TIMOTHY MURPHYCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City	State	Zip Code
PTTSBURGH	PA	15234

Purpose of Disbursement

011

Candidate Name

TIMOTHY MURPHYCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : SB23.6467

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOOMEY, PATRICK JOSEPH

Mailing Address 5250 WHEATLAND DR

City	State	Zip Code
ZIONSVILLE	PA	18092

Purpose of Disbursement

011

Candidate Name

TOOMEY, PATRICK JOSEPHCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SB23.6414

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SB23.6415

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement

011

Candidate Name

VERN BUCHANAN FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SB23.6416

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement

011

Candidate Name

ED WHITFIELDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : SB23.6391

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

27500.00